

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 10/16/2012  
FORM APPROVED  
OMB NO. 0938-0391

45th 11/24/12

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445393	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED  10/08/2012
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NAME OF PROVIDER OR SUPPLIER  BRIDGE AT MONTEAGLE (THE)	STREET ADDRESS, CITY, STATE, ZIP CODE 26 SECOND STREET MONTEAGLE, TN 37356
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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K 018 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1 1/4 inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3</p> <p>Roller latches are prohibited by CMS regulations in all health care facilities.</p> <p>This STANDARD is not met as evidenced by: Based on testing and observation, it was determined the facility failed to maintain the corridor egress door openings.</p> <p>The findings included:</p> <p>On 10/8/12 at 11:45 AM, testing of the egress doors next to resident rooms 140 and 141 revealed one of doors did not close to latch within the frame.</p> <p>This finding was acknowledged by the Administrator and verified by the Maintenance.</p>	K 018	<p>K 018 NFPA 101 Life Safety Code Standard 11/16/12</p> <p>The facility will maintain the corridor egress door openings.</p> <p><b>Residents Affected/Potentially Affected:</b> Though no specific resident(s) were mentioned, residents residing in the facility have the potential to be affected by the cited practice. Maintenance director/assistant repaired the latch on 10/23/12. Maintenance performed a 100% audit of corridor doors to confirm all other latches are in working order.</p> <p><b>Systemic Changes:</b> Maintenance director/assistant performed a 100% audit of corridor doors to confirm all other latches are in working order on 10/8/12. Maintenance director/assistant will inspect latches on egress doors monthly while during fire drills. Any latches identified as a concern will be corrected immediately and reported to the administrator.</p> <p><b>Monitoring Changes:</b> Facility Maintenance Director, or Designee, will inspect latches monthly and report any concerns to the administrator. The administrator will report latch issues in monthly QA meeting.</p>	11/16/12
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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NAME OF PROVIDER OR SUPPLIER  BRIDGE AT MONTEAGLE (THE)			STREET ADDRESS, CITY, STATE, ZIP CODE 26 SECOND STREET MONTEAGLE, TN 37356		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 018	Continued From page 1 Director during the exit interview on 10/8/12.	K 018	K038 NFPA 101 Life Safety Code Standard	11/16/12	
K 038 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD  Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1  This STANDARD is not met as evidenced by: Based on observations, it was determined the facility failed to maintain the exit access.  The findings included:  On 10/8/12 at 10:00 AM, observation within 100 hall next to the North exit door revealed a janitor cart was in the hallway during the fire drill.  This finding was acknowledged by the Administrator and verified by the Maintenance Director during the exit interview on 10/8/12.	K 038	The facility will maintain the exit access in accordance with section 7.1.19.2.1  Residents Affected/Potentially Affected: Though no specific resident(s) were mentioned, residents residing in the facility have the potential to be affected by the cited practice. The Facility Maintenance Director/designee visually inspected 100% of exits pm 10/8/12 to ensure exits are readily accessible. Systemic Changes: SDC/designee will in-service staff regarding keeping exits free from obstructions and readily accessible at all times. Department Managers will observe the corridor and exit access throughout the work week while conducting facility rounding. Any exit door blocked will be corrected immediately and reported in the morning stand up meeting and/or afternoon wrap up meeting. Monitoring Changes: The Department managers will report to the administrator throughout the work week any exits that were obstructed or blocked. The administrator will report any exits blocked with plan of action in the monthly QA x 2 months and upon occurrence thereafter.		
K 147 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD  Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2  This STANDARD is not met as evidenced by: Based on testing and observations, it was determined the facility failed to maintain the electrical system.  The findings included:	K 147			

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K 147	Continued From page 2 On 10/8/12 at 11:25 AM, observations within resident rooms 119 through 131 revealed the ground fault circuit interrupter outlets next to the sinks failed to trip when tested.  These findings were acknowledged by the Administrator and verified by the Maintenance Director during the exit interview on 10/8/12.	K 147	<b>K 147 NFPA 101 Life Safety Code Standard</b>  The facility will maintain the electrical system in accordance with NFPA 70, National Electrical Code. 9.1.2.  <b>Residents Affected/Potentially Affected:</b> Though no specific resident(s) were mentioned, residents residing in the facility have the potential to be affected by the cited practice. A new GFCI breaker was installed on 10/8/12. 100% of all GFCI breakers were inspected and tested for proper functioning. <b>Systemic Measures:</b> The SDC/designee will in-service staff on maintenance logs and notification of the maintenance department whenever GFCI receptacles are found to be non-functioning. Maintenance will test 50% GFCI receptacles monthly x 1 month beginning 10/24/12 then 25% monthly x 1 month beginning 11/24/12 in resident rooms. <b>Monitoring Changes:</b> The maintenance director/designee will report any GFCI receptacles replaced to the administrator. The administrator will address GFCI concerns in monthly QA x 2 months.	11/16/12	